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APPLICATION FOR MOTOR VEHICLE REPAIR BUSINESS REGISTRATION

Application Type: Check one of the following:

☐ Initial

☐ Renewal

☐ 2yr Renewal

Type of Business: Check all that apply:

☐ Fixed Repair Facility

☐ Mobile Repair Facility

Year/Make/Model: _____

VIN: _____

TYPE OF OWNERSHIP: Check one of the following:

☐ Corporation

☐ Sole Proprietor

☐ Fictitious Name

☐ Other _____

Date of Inc: ____-____-____ D.O.B: ____-____-____ D.O.B.: ____-____-____

BUSINESS INFORMATION:

1. Company Name: _____
2. D/B/A: _____
3. Address : _____
4. Mailing Address: _____
5. Phone Number: _____ Fax Number: _____ Cell Number _____
6. Email Address: _____ County MVR Number: _____
7. Federal Tax Identification Number (FEID#): _____

OWNER/OFFICER INFORMATION: (Please attach a separate paper for additional owners/officers)

Owner/Officer Name: _____

Position: _____

Date of Birth: _____

Address & Zip Code _____

Owner/Officer Name: _____

Position: _____

Date of Birth: _____

Address & Zip Code _____

Owner/Officer Name: _____

Position: _____

Date of Birth: _____

Address & Zip Code _____

Owner/Officer Name: _____

Position: _____

Date of Birth: _____

Address & Zip Code _____

Please answer yes or no to the following questions:

- Yes** ☐ **No** ☐ Have you or any partners or corporate officers, as applicable, ever failed to comply with the terms of a cease and desist order, notice to correct a violation, written assurance of compliance, or any other lawful order of the Miami-Dade County Business Affairs and Consumer Protection Division with regard to the operation of a Motor Vehicle Repair Business? *If yes, please provide details on a separate sheet.*
- Yes** ☐ **No** ☐ Do you owe money to Miami-Dade County, either individually or through any other business? (Unpaid Liens, etc.) *If yes, please provide details on a separate sheet.*

Please answer the following question:

List the names of any other corporation, entity, or trade name through which any owner, director or officer has engaged in motor vehicle repair business within the past 5 years:

Person Actively in Charge of the Shop:

Name: _____ Title: _____

Home Address: _____ City/State/Zip: _____

Home Phone Number: (____) ____ - _____ Mobile Number: (____) ____ - _____

REPAIR CATEGORIES APPLIED FOR

*** Business is required to employ certified mechanics/technicians that are certified in each category of repair checked off

AUTOMOBILE REPAIRS ***

- ☐ Engine Repair
- ☐ Automatic Transmission
- ☐ Manual Transmission
- ☐ Front-End (Suspension & Steering)
- ☐ Brake Repair
- ☐ Electrical & Electronic Systems
- ☐ Heating & Air Conditioning
- ☐ Engine Performance (Tune-Ups)

TRUCK REPAIRS ***

- ☐ Truck Engine Repair - Gasoline
 - ☐ Truck Engine Repair - Diesel
 - ☐ Truck Drive Train
 - ☐ Truck Brake Repair
 - ☐ Truck Suspension & Steering
 - ☐ Truck Electrical Systems
 - ☐ Truck Heating & Air Conditioning
- COLLISION & PAINT REPAIRS *****
- ☐ Structural Repairs (Body & Collision)
 - ☐ Painting & Refinishing
 - ☐ Non-Structural Repairs

OTHER / MINOR REPAIRS

- ☐ Motorcycle Repairs
- ☐ Recreational Trailer Repair
- ☐ Oil Change Only
- ☐ Glass Installation
- ☐ Muffler Installation Only
- ☐ Tire Installation Only
- ☐ Alarm/Radio Installation Only
- ☐ Window Tinting
- ☐ Vehicle Upholstery
- ☐ Vehicle Graphics & Wraps

Other Repairs: _____

Please list all your Certified Technicians & Apprentices: (Attach a separate sheet if necessary)

Mechanic Name:	License No:
Mechanic Name:	License No:
Mechanic Name:	License No:
Mechanic Name:	License No:
Mechanic Name:	License No:
Mechanic Name:	License No:
Mechanic Name:	License No:
Mechanic Name:	License No:
Mechanic Name:	License No:
Mechanic Name:	License No:
Mechanic Name:	License No:
Mechanic Name:	License No:

Complete the following checklist including those items attached or enclosed with this application:

- Renewal Applications Need Only Include the Underlined Items Below -

- | | |
|---|---|
| <input type="checkbox"/> <u>Completed Application</u> | <input type="checkbox"/> County Local Business Tax Receipt |
| <input type="checkbox"/> <u>License Fees(See attachment)</u> | <input type="checkbox"/> DERM Permit |
| <input type="checkbox"/> <u>Certified Mechanic(s) for all Repairs Applied For</u> | <input type="checkbox"/> Federal Employer Identification Document from IRS |
| <input type="checkbox"/> <u>Articles of Incorporation or Fictitious Name Reg.</u> | <input type="checkbox"/> State Sales Tax Registration Certificate |
| <input type="checkbox"/> City Local Business Tax Receipt, if applicable | <input type="checkbox"/> <u>Garage Liability & Garage Keepers Insurance Cert.(See attachment)</u> |
| <input type="checkbox"/> Vehicle Registration (Mobile Businesses Only) | <input type="checkbox"/> <u>Copy of Owner's Drivers License</u> |

I, _____, the undersigned, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true and complete. I will abide by the provisions of the Code of Miami-Dade County and all other applicable laws. I understand that civil penalties may be imposed for violations of the Miami-Dade County Code. I acknowledge that, pursuant to Article VII of Chapter 8A of the Code of Miami-Dade County, the license number appearing on the license certificate must appear in all advertisement. This requirement pertains to all media to include: free and paid listings in telephone directories, business forms, business cards, flyers, radio television and internet ads, commercial vehicle ads, signs announcements and displays. I affirm that motor vehicle repairs requiring certification shall be inspected and approved in writing by the certified technicians disclosed on this application. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a license or permit. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**

APPLICANT SIGNATURE

DATE